

**AZCCC Disparities Committee**  
**Community Barriers**  
**(As Submitted by Committee Members)**

Screenings result in the need to refer to a physician for care, sometimes urgently, for participants who have no insurance. Need a data base of dermatologists (for example) who can participate in free clinics on a regular basis. (proposed Skin Cancer Institute can help facilitate)

Schools are already inundated with material and required standards. It is difficult to get health education materials front and center in schools and to get it home with students. Need collaboration mechanism with parent groups. (proposed Skin Cancer Institute can help facilitate)

Media used to provide health education are often boring and not engaging (to underserved as well as insured populations). Need collaboration with technology resources who are working on state of the art electronic media for use in dissemination of information.

Overall, it would be access to health care for Arizonans. A campaign targeting all Arizonans regarding healthy lifestyles and screenings is lacking.

**For Cancer Disparities Among American Indians**

Limited IHS resources limit access to care.

Community-based support services and the means for navigating the system are lacking.

Communities lack organization and infrastructure to support cancer control activities.

Education and understanding of cancer and cancer control are limited.

Some cultural taboos limit the effectiveness of prevention strategies.

- No access to ACS services since office closed in Prescott
- Lack effective communication (and response) to local needs
- More prevention/screening/treatment education needed in our communities
- There is much fear in communities about cancer, which results in not seeking needed treatment – education needed
- Transportation from rural areas for screening/treatment
- There is a “disconnect” of communication with Native American communities – i.e. treatment records don’t follow the patient from home community to referrals/specialty care – which impacts access and quality of follow-up care
- Health care coverage
- No existing culturally responsive Navigator program to meet the needs of Native American communities
- Need for cultural competency training for providers
- Lack of coordination of public health policy
- Prioritization needs to be developed to address needs
- Needs assessment lacking to effectively address needs of cultural/ethnic communities
- There is a lack of knowledge (from the community’s perspective) of what are the existing resources – need cultural resource clearinghouse

- Primary treatment issues
- Access several systems of care – with no existing case management system
- Need to develop an approach to address chronic care planning – especially for rural communities

#### -Leadership

Key individuals and organizations who develop a clear, coordinated, managed/directed, evaluated, sufficiently supported and sustained state-wide effort toward cancer-related disparities (of course ADHS and this committee are attempting to address this).

#### -Information

Consistent Surveillance and Evaluation producing detailed “usable” information for a variety of consumers

#### -Collaboration

Effective partnerships among the key individuals and agencies in Arizona’s cancer control community

#### -Advocacy

Organized, active, and effective advocacy (doing everything from fund raising to lobbying elected officials)

Education – awareness -- we need to know where each group receives health information that they trust. We tend to assume that all minority communities receive information in the same matter – there is a lack of assessments that clearly define outreach strategies that will reach the target communities. Fear becomes an issue for many who do not have accurate information regarding prevention, diagnosis and treatment.

Cultural beliefs – also relates to education – if we had this down perhaps the cultural aspect would become less of a barrier.

Cost – many individuals are not able to get treatment for cancer – no one is providing for free, there are limited programs available to individuals who are not insured and are not eligible for Medicaid programs. Programs that do provide limited services based on a sliding scale are not comprehensive enough. Individuals who may have been on Medicaid are being dropped mid-treatment due to semi-annual eligibility reviews.

Transportation – many services are not localized. Many of the services require individuals to travel long distances – sometimes across the state. Most transportation resources are contained to a defined.

- Costs and lack of insurance to cover screening tests (particularly colonoscopies and other CRC screening)
- Money! Even if we can get people screened, there needs to be resources to treat those who need it.
- Decreased access to care and screening in rural areas (i.e. longer waits for colonoscopies in rural areas due to fewer GI doctors)
- Health information sometimes written at too high of a literacy level
- Various cultural beliefs and attitudes not always considered when health marketing campaigns constructed

- A general lack of understanding of health disparity issues among the general public (who are the voters)
- Even though we do have the asset of having bilingual personnel and information I would still say that language is the absolute number one barrier to reducing disparities in Arizona. There is a huge lack of personnel and information available to non-English speaking residents.
- Arizona's push toward anti-immigration type legislation is a big barrier and may even become more of one in the future.
- Possible future cuts to Medicare/Medicaid and AHCCCS.
- Lack of transportation to and from available services for many residents (particularly in rural areas where the majority of services are offered at county seat locations only).
- Lack of available services in rural areas.
- Lack of available insurance, specifically via employee benefits.
- Lack of employee wellness programs or buy in by worksites to adopt wellness programs.
- Stigma attached to services provided for low-income residents.
- An overall general lack of services and education provided in minority areas (i.e. biggest example in Northern Arizona is the Navajo and Hopi reservations).